



VOLUNTEER APPLICATION

We recognize the important contributions of volunteers to the overall success of our programs and look forward to working with you. Volunteers interested in working alongside A4L professional teaching artists in the classroom are encouraged to apply.

CONTACT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone: Home		Cell	
Age	E-mail Address		Date of Birth:
Who referred you to Arts for Learning?			

EMERGENCY INFORMATION	
In case of emergency contact:	
Name	Relationship
Phone: Home	Cell

VOLUNTEER ACTIVITY			
Please indicate which area and/or department you are interested in working to volunteer (see below):			
School-Based - (In School)		Special Events	
Community Programs – (After School & Summer)		Artist Services	
Early Childhood		Administration	
Please provide your availability (days and times):			
Please provide your anticipated length of volunteer work with A4L:			
Are you seeking community service hours?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
List any languages you speak, other than English:			
Please explain why you would like to volunteer with A4L:			

Please describe any computer skills or experience you have:

Please describe any office skills or experience you have:

Please describe any other skills, abilities or experience you have. (Include machines or equipment you can operate, licenses/certifications you hold, experience you have related to non-profit services, etc.).

Other than credit for service, what knowledge, skills or abilities would you like to get out of your experience working with A4L?

Please include a recent resume with the volunteer application:

Have you ever been convicted of a crime? YES NO

Nature of offense:

Name and location of court:

Date of conviction(s):

Nature of offense:

Name and location of court:

Date of conviction(s):

STUDENT INFORMATION

If you are a student please fill out the following information:

Name of School Current Grade:

Address

Phone: Major area of study:

CERTIFICATION

CERTIFICATION (Please read before signing): I hereby certify that the statements made in this application are true and correct to the best of my knowledge.

Signature of Applicant

Date